



Orange - Program Coordinator Signature
Purple - Entity Official's Signature
Blue - State Auditor's Office Signature

UNITED BANK LOCAL GOVERNMENT PROGRAM COORDINATOR SET UP AND MAINTENANCE FORM

(1) ACTION REQUESTED

- ☐ Add a Program Coordinator (PC) (Complete all sections) ☐ Add Entity Official (EO) for online access ONLY (Complete all sections)
☐ Add a Sub-Coordinator ☐ Change PC/EO Information (Complete reporting hierarchy and items requiring change)
☐ Add Approver ☐ Reviewer
☐ Delete PC/EO Access

D.Cal System Access

- ☐ PC Set Up ☐ Full Administrative ☐ Read Only
☐ EO Set Up ☐ Full Administrative ☐ Read Only

Maintain a copy in the PC's File.
Fax completed form to your Regional Manager.

PROGRAM COORDINATOR, ENTITY OFFICIAL, OR APPROVER INFORMATION

Please indicate the Program Coordinator (PC) who is authorized to act on behalf of your Entity. Only the individual listed below will have full authorization to obtain account information and to request permanent changes to the account. Approvers will not be permitted to make changes.

(2) _____
First Name Middle Initial Last Name (maximum 25 characters)

(3) _____
Entity Name (maximum 25 characters)

_____ City State Zip Code
Business Mailing Street Address

_____ PIN Number (Issued by SAO)
Business Phone Number Fax Number

(4) _____ (5) _____
Email Address Date of Birth (MMDDYY)

(6) Entity ID # _____ (7) Mothers Maiden Name _____

(8) Entity Credit Limit Requested \$ _____ (9) Billing Account # _____ (last 4 digits only)

(10) If completing this form for Approver, list names of individuals this person is to approve. If Approver for entire department, Indicate department name(s).

I agree to follow the West Virginia State Law, purchasing guidelines of my Local Government Entity and established Policies and Procedures. I understand that it is a violation of policy to manipulate the ordering, billing, or payment process in order to circumvent established cardholder limits or policies and procedures or for my personal benefit. I have full authority to sign this form and change the information on the Entity's behalf. All of the information is true and correct in all respects

(11) _____
Signature of Program Coordinator / Approver/ Reviewer, etc. Date

_____ Date
Print Name

AUTHORIZED SIGNATURES

(12) _____
Signature of Authorizing Entity Official Date

Print Name and Title of Authorizing Entity Official

_____ Fax Number
Authorizing Entity Official Business Telephone Number Email Address

_____ Date
WVSAO Purchasing Card Administration Signature